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Cessation Counseling



Ask

Ask about tobacco use. Identify and document tobacco use status for each patient.

Advise

Advise to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit.

Assess

Assess willingness to make a quit attempt. Determine the patient's readiness to make a change.

Assist

Assist in the quit attempt. Use counseling and pharmacotherapy to help a patient quit.

Arrange

Arrange follow-up. Schedule a follow-up contact, preferably within the first week after the quit date.



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Motivating A Patient To Quit Smoking



Relevance

Provide information that has the greatest impact on the patient's disease status, family or social situation (e.g., children and second-hand smoke), health concerns, age or gender.

Risks

Acute risks: shortness of breath, exacerbation of asthma, harm to pregnancy, impotence, infertility, increased blood carbon monoxide, bacterial pneumonia; increased risk for surgery

Long-term risks: heart attacks, strokes, lung and other cancers, chronic obstructive pulmonary diseases, long-term disability and need for extended care

Environmental risks: increased risks of lung cancer and heart disease in spouses; higher rate of smoking by children of tobacco users; increased risk of low birth weight babies, SIDS, asthma, middle ear disease, and respiratory infections in children of smokers

Rewards

Highlight benefits most relevant to the patient, such as better health, improved sense of taste and smell, money saved, good example for children, more physically fit, and reduced wrinkling and aging of skin.

Roadblocks

Ask the patient to identify barriers to quitting, such as withdrawal symptoms, fear of failure, weight gain, lack of support and depression. Note elements of cessation treatment, such as problem solving or pharmacotherapy.

Repetition

Repeat the motivational intervention each time the patient has an office visit. Let the patient know that most people make repeated attempts to quit before